

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025897

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6780

FILED JUL 5 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTE

ST. John's Hosp

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

c. CITY OR TOWN

ST. LOUIS

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS

8552 Church Rd.

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

OLLIE

Middle

K.

Last

Giese

## 4. DATE OF DEATH

Month

6

Day

26

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

12-16-1894

## 9. AGE (last birthday)

68

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

—

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Daniel Kundert

## 13b. MOTHER'S MAIDEN NAME

Not Known

## 14. NAME OF HUSBAND OR WIFE

Harry R.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

H.W. Giese 1465 Northway

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinomatosis

#### DUE TO (b)

Adenocarcinoma Colon Sigs

#### DUE TO (c)

153.8

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## 20b. SUICIDE

## 20c. HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour, Month, Day, Year  
a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Aug 13 1955 to June 26 63

and last saw her alive on June 26

## Death occurred at

11:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

N. H. Giese MD

## 22b. ADDRESS

Northland West

## 22c. DATE SIGNED

6-28-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

6-29-63

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Ctm

## 23d. LOCATION (City, town, or county)

ST. LOUIS CO

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

O'SULLIVAN-MUCKLE-KRON MORTUARY

## 25. DATE RECD. BY LOCAL REG.

JUN 28 1963

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Herbert J. Lane Jr.

Licensed Embalmer No. 4800

P.O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.